

Return application & permit fee to:
Town of Wescott Building Inspector
127 S. Sawyer Street
Shawano WI 54166
Tele: (715)526-6150 Fax: (715)526-5751

TOWN OF WESCOTT
ELECTRICAL PERMIT
APPLICATION

PERMIT FEE: _____
(checks only – no cash)

PERMIT NO.: _____

PROJECT LOCATION: _____ PROJECT DESCR: _____

Owner's Name	Mailing Address-Include City & Zip	Telephone-Include Area Code
Construction Contractor	Mailing Address-Include City & Zip	Telephone-Include Area Code
Estimated Cost	City Electrician's License Number	
SCHEDULE OF PERMIT FEES	EACH	COUNT
		FEE

NEW BUILDING / REMODELING / ADDITIONS: \$ 60.00

REPLACEMENT, MODIFICATIONS OR MISCELLANEOUS ITEMS:

- | | | | |
|--------------------------------------------------------|---------|-------|-------|
| 1. Rewiring or where service must be disconnected | \$40.00 | _____ | _____ |
| 2. New service entrances | \$ N/A | _____ | _____ |

ELECTRICAL CONTRACTOR'S LICENSE:

*Electrical contractor's license fee is \$50.00 per year. Licensing year: July 1st to June 30th. Contractors **MUST** provide the Town of Wescott Building Inspector with a copy of their Master Electrician Certification by the WI Department of Commerce and a Certificate of Insurance in the amount of \$1,000,000, said certification of insurance also naming the Town as an additional insured. Renewals require only the fee and an updated Certificate of Insurance.*

ADDITIONAL FEES:

- Minimum Permit Fee \$ 25.00 each
Re-inspect Fee \$ 20.00 + mileage
Failure to call for inspection \$ 50.00

DOUBLE FEES ARE DUE IF WORK STARTED BEFORE PERMIT IS ISSUED.

The applicant agrees to comply with Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, express or implied of the Department, Municipality, Agency or Inspector; and certifies that all the above information is accurate.

SIGNATURE OF APPLICANT _____ DATE _____

PERMIT EXPIRATION: Permit expires one year from the date of issuance.

Additional information/comments: _____

Permit Issued by Municipal Agent:		
Name: Mike Miller	Date:	Certification No.: 844985
Office Use Only		
Ck#:	Date:	Receipt #: N/A
		Rec'd by: